



NEW MEXICO  
RETIREE  
HEALTH CARE  
AUTHORITY

**2022 Medicare Summary of Benefits**

## **Provider Contact List**

New Mexico Retiree Health Care Authority

Main Number 1-800-233-2576

[www.nmrhca.org](http://www.nmrhca.org)

### **Medical**

Blue Cross Blue Shield of New Mexico (Medicare Supplement)	1-800-788-1792	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125 <a href="http://www.bcbsnm.com">www.bcbsnm.com</a>
Presbyterian Medicare Advantage (Medicare)	1-800-797-5343 ABQ: 505-923-6060 TTY: 1-888-625-8818	PO Box 27486 Albuquerque, NM 87125 7 days a week 8:00 am to 8:00 pm <a href="http://www.phs.org">www.phs.org</a>
BCBS Medicare Advantage (Medicare)	1-877-299-1008	5701 Balloon Fiesta Parkway Albuquerque, NM 87113 or PO Box 27630 Albuquerque, NM 87125 <a href="http://www.bcbsnm.com">www.bcbsnm.com</a>
UnitedHealthcare (Medicare) UHC Group Numbers: Plan I-13651; Plan II-13650	1-866-622-8014	<a href="http://www.uhretiree.com">www.uhretiree.com</a>
Humana Medicare Advantage (Medicare)	1-866-396-8810	Claims PO Box 14601 Lexington, KY 40512-4601 <a href="https://our.humana.com/nmrhca/">https://our.humana.com/nmrhca/</a>

### **Prescription Drug (For all PPO Plans and BCBS Supplemental Medicare)**

Express Scripts	Medicare: 1-800-551-1866 Non-Medicare: 1-800-501-0987	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
-----------------	--	--

### **Dental**

Delta Dental	1-877-395-9420 ABQ: 505-855-7111	100 Sun Avenue NE, Suite 400 Albuquerque, NM 87109 <a href="http://www.deltadentalNM.com">www.deltadentalNM.com</a> Monday—Friday 8:00am to 4:30pm
--------------	-------------------------------------	---

### **Vision**

Davis Vision All prospective clients can use code 7587 when requesting a provider list or previewing plans.	1-800-999-5431	6301 Indian School Rd NE, Ste 200 Albuquerque, NM 87110 <a href="http://www.davisvision.com">www.davisvision.com</a>
---	----------------	--

### **Life Insurance**

Standard Life Insurance	1-888-609-9763 opt 4 ABQ: 505-859-4180	PO Box 225 Santa Cruz, NM 87567 <a href="http://www.standard.com/mybenefits/newmexico_rhca/">www.standard.com/mybenefits/ newmexico_rhca/</a>
-------------------------	---	---



## Summary of NMRHCA Medicare Eligibility Guidelines

- 1. Medicare Part A only and are not enrolled in Medicare Part B**
  - a. Member is not eligible for any Medicare Advantage Plan.
  - b. Member is only eligible for the Medicare Supplement Plan (BCBSNM's Medigap Policy).
  - c. If a member does not initially enroll in Medicare Part B or voluntarily drops Medicare Part B, the member will be responsible for ALL Part B charges. BCBSNM Supplement will NOT pay any Part B charges.
  - d. For Medicare Part A services, Medicare is primary and BCBSNM Supplement is secondary.
  - e. NMRHCA participants who have not purchased their Medicare Part B are advised to make an appointment at their local Social Security Office to purchase Medicare Part B coverage. If not purchased during the initial enrollment period, Social Security has a general enrollment period January 1 through March 31 of each year.
- 2. Medicare A and B based on End Stage Renal Disease (ESRD) only. Thirty (30) month coordination period starts from 1<sup>st</sup> dialysis or from date of transplant.**

**Or**
- 3. Medicare A and B based on Dual Entitlement-ESRD eligibility and entitlement simultaneously with age or disability-based entitlement. Thirty (30) month coordination period starts from 1<sup>st</sup> dialysis or from date of transplant.**

**Or**
- 4. Medicare A and B based on ESRD and then becomes entitled to Medicare A and B due to age. Thirty (30) month coordination period starts from 1<sup>st</sup> dialysis or from date of transplant.**
  - a. Any non-Medicare, self-insured plan (BCBSNM or Presbyterian or New Mexico Health Connections) during the thirty (30) month coordination period.
  - b. For Medicare Part A and Part B services, the non-Medicare, self-insured plan is primary and Medicare is secondary during the thirty (30) month coordination period. After the coordination period ends, the member must switch to the Medicare supplement plan (BCBSNM). Medicare becomes primary at that time.
- 5. Medicare A and B based on age, covered under an active plan and becomes ESRD eligible. Member now eligible for NMRHCA benefits.**
  - a. Any non-Medicare, self-insured plan (BCBSNM or Presbyterian or NM Health Connections, Premier or Value) during the thirty (30) month coordination period.
  - b. For Medicare Part A and Part B services, the non-Medicare, self-insured plan is primary and Medicare is secondary during the thirty (30) month coordination period. After the coordination period ends, the member must switch to a Medicare supplement plan (BCBSNM) or Presbyterian Medicare Advantage plan (Presbyterian Advantage Plan I or II). Medicare becomes primary at that time.
  - c. If a member is covered under an active group health plan and has Medicare Part A and B due to age, Medicare is secondary.
  - d. If a member becomes ESRD eligible while covered under the active group plan, Medicare is secondary during the thirty (30) month coordination period.
  - e. If a member enrolls with the NMRHCA, Medicare will continue to be secondary even under the NMRHCA plan until the end of the thirty (30) month coordination period.

**\*Note: This is only a summary. For more details and clarification please contact NMRHCA at 1-800-233-2576.\***

## **Plan Terms and Definitions**

1. **Annual Deductible** – means the amount that must be paid (by you) each calendar year, toward covered services before health benefits for that member will be paid by the plan (except for certain services requiring only a copayment with deductible waived or preventive services).
2. **Annual Out-of-Pocket Limit** – means a specified dollar amount of covered services received during a benefit period that is the member's responsibility; after which the out-of-pocket limit is reached the plan pays 100 percent of benefits for the rest of the calendar year for covered charges.
3. **Calendar Year** (also referred to as benefit period) – means the period beginning January 1 and ending December 31 of the same year.
4. **Coinsurance** – means the amount, expressed as a percentage, of a covered health care expense that is partially paid by the plan and partially the member's responsibility to pay. The cost-sharing responsibility ends for most covered services in a particular calendar year when the out-of-pocket maximum has been reached.
5. **Copayment or Copay** – means the amount, expressed as a fixed-dollar figure required to be paid by a member in connection with health care services. Benefits payable by the plan are reduced by the amount of the required copayment for the covered service.
6. **Coverage GAP** (also referred to as donut hole) – is a period of consumer payment for prescription medication costs, which lies between the initial coverage limit and the catastrophic-coverage threshold. The Coverage GAP only applies to Medicare Part D prescription drug coverage.
7. **HMO** (Health Maintenance Organization) – you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency or when treatment is not available through an in-network provider.
8. **In-Network Provider** – means physicians, hospitals, and other health care professionals, facilities, and suppliers that have contracted with the health plan as in-network providers.
9. **Medicare** – means the program of health care for the aged, end-stage renal disease (ESRD) patients and disabled persons established by Title XVIII of the Social Security Act of 1965, as amended.
10. **Medicare Advantage Plan** – Sometimes called Medicare Part C. A plan offered by a private company that contract with Medicare to provide you with all your Medicare Part A and Part B benefits.
11. **Medicare Supplemental Plan** – means health care coverage that provides supplemental benefits to Medicare coverage.
12. **Out-of-Network Provider** – means a duly licensed health care provider, including medical facilities, which has no agreement with the health plan for reimbursement of services to members.
13. **PPO** (Preferred Provider Organization) – a type of health plan that lets you choose where you go for care, without a referral from a primary care physician or having to only use providers in your plan's provider network.

**NMRHCA**  
4308 Carlisle Blvd., NE, Suite 104  
Albuquerque, NM 87107-4849  
1-800-233-2576

**NMRHCA**  
33 Plaza La Prensa, Suite 101  
Santa Fe, NM 87507  
505-476-7340

Website: [www.nmrhca.org](http://www.nmrhca.org)

Hours of operation at both locations are 8 a.m. - 5 p.m., Monday through Friday.



NEW MEXICO  
**RETIREE**  
HEALTH CARE  
AUTHORITY

**Service Areas for the Medicare plans offered through NMRHCA**

**BCBSNM MEDICARE SUPPLEMENTAL PLAN**

- Nationwide

**UNITED HEALTHCARE MEDICARE ADVANTAGE PLAN**

- Nationwide

**HUMANA MEDICARE ADVANTAGE PLAN**

- Nationwide

**BCBS MEDICARE ADVANTAGE PLAN**

- Statewide

**PRESBYTERIAN MEDICARE ADVANTAGE PLAN**

- Statewide

## NMRHCA MEDICARE PLAN COMPARISON

Effective: January 1, 2022

	BCBSNM MEDICARE SUPPLEMENT	BCBS Medicare Advantage Plan I	Presbyterian Medicare Advantage Plan I	UnitedHealthcare Medicare Advantage Plan I	Humana Medicare Advantage Plan I	BCBS Medicare Advantage Plan II	Presbyterian Medicare Advantage Plan II	UnitedHealthcare Medicare Advantage Plan II	Humana Medicare Advantage Plan II
<b>BENEFIT Highlights</b>	<b>Part B Annual Deductible: \$233.00</b>	<b>Annual Out of Pocket Limit: \$3000</b>	<b>Annual Out of Pocket Limit: \$2500</b>	<b>Annual Out of Pocket Limit: \$2500</b>	<b>Annual Out of Pocket Limit: \$3500</b>	<b>Annual Out of Pocket Limit: \$6700</b>	<b>Annual Out of Pocket Limit: \$3000</b>	<b>Annual Out of Pocket Limit: \$2800</b>	<b>Annual Out of Pocket Limit: \$1500</b>
<b>Office Visit</b>									
Primary Care	\$0	\$10	\$10	\$5	\$5	\$10	\$10	\$5	\$2
Specialty care	\$0	\$30	\$30	\$25	\$30	\$40	\$40	\$25	\$25
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Services	\$0	\$125 per day Days 1-5	\$125 per day Days 1-3	\$250 per admission	\$150 per day Days 1-5	\$500 per admission	\$225 per day Days 1-5	\$250 per admission	\$200 per admission
Surgery - hospital outpatient	\$0	\$175	\$125	\$100	\$150	\$300	\$275	\$100	\$125
Emergency Services									
Emergency room visit	\$0	\$65	\$65	\$50	\$50	\$90	\$75	\$50	\$65
Urgent care center	\$0	\$25	\$10	\$20	\$20	\$50	\$10	\$20	\$10
Diabetic Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

All Other Covered Services (visit [phs.org](http://phs.org), [bcbsnm.com](http://bcbsnm.com), [uhretiree.com/nmrhca](http://uhretiree.com/nmrhca), [our.humana.com/nmrhca/](http://our.humana.com/nmrhca/) for full list)

### Retail Pharmacy - 31-day

Preferred Generic	\$5 - \$15	\$0 - \$5	\$0	\$15	\$4	\$0 - \$5	\$0	\$10	\$4
Non-Preferred Generic		\$5 - \$10	\$10	\$70	\$4	\$7 - \$12	\$10	\$35	\$4
Preferred Brand	\$30 - \$60	\$40 - \$45	\$45	\$35	\$40	\$40 - \$45	\$45	\$20	\$20
Non-Preferred Brand		\$90 - \$95	\$95	\$70	\$90	\$90 - \$95	\$95	\$35	\$90
Specialty Drug		33%	33% up to \$100	\$70	25%	25%	27%	\$35	\$125
Non-Formulary	\$50 - \$125								

### Mail Order - 90 day\*\*\*

Preferred Generic	\$12 - \$35***	\$0 - \$15	\$0	\$30	\$0	\$0 - \$15	\$0	\$20	\$0
Non-Preferred Generic		\$15 - \$30	\$20	\$140	\$0	\$21 - \$36	\$20	\$70	\$0
Preferred Brand	\$60 - \$120***	\$120 - \$135	\$112.50	\$70	\$80	\$120 - \$135	\$112.50	\$40	\$40
Non-Preferred Brand		\$270 - \$285	\$285	\$140	\$180	\$270 - \$285	\$285	\$70	\$180
Non - Formulary	\$100 - \$250***								

### Prescription Coverage

Coverage Gap	No	No	No	No	No	No	Yes**	Yes**	Yes**
--------------	----	----	----	----	----	----	-------	-------	-------

**Catastrophic Level Coverage Changes:** After your out-of-pocket drug costs reach \$7,050 for the year, then you pay the greater of: \$3.95 for generics and \$9.85 for brand name drugs or 5% coinsurance.

**\*\*Plans with Coverage Gap (a.k.a. Donut Hole).** Please ensure you have reviewed & understand how plans work. Plan changes are limited to IRS approved qualifying events (i.e., marriage, divorce, etc.).

**\*\*\* Long-term medications can be filled for a 90-day supply at your local Walgreens pharmacy or through home delivery from Express Scripts Pharmacy. Visit [www.express-scripts.com](http://www.express-scripts.com) or call Express Scripts at 1-800-551-1866 for more information.**

**NMRHCA Enhanced Public Safety or July 1, 2001 - June 30, 2021 Retirement Date\* (Subsidy Level A) Medical Plan Monthly Premium Contributions for January 1, 2022 - December 31, 2022**

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
<b>NON-MEDICARE MEDICAL</b>																
<b>Premier PPO (BCBS or Presbyterian)</b>																
Retiree Rate	\$828.12	\$793.61	\$759.11	\$724.60	\$690.10	\$655.59	\$621.09	\$586.58	\$552.08	\$517.57	\$483.07	\$448.56	\$414.06	\$379.55	\$345.05	\$310.54
Spouse Rate	\$900.24	\$879.52	\$858.79	\$838.07	\$817.35	\$796.63	\$775.91	\$755.19	\$734.46	\$713.74	\$693.02	\$672.30	\$651.58	\$630.85	\$610.13	\$589.41
Child Rate	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43
<b>Value HMO (BCBS or Presbyterian)</b>																
Retiree Rate	\$646.88	\$619.92	\$592.97	\$566.02	\$539.06	\$512.11	\$485.16	\$458.21	\$431.25	\$404.30	\$377.35	\$350.39	\$323.44	\$296.49	\$269.53	\$242.58
Spouse Rate	\$703.17	\$686.99	\$670.80	\$654.62	\$638.43	\$622.25	\$606.06	\$589.88	\$573.69	\$557.50	\$541.32	\$525.13	\$508.95	\$492.76	\$476.58	\$460.39
Child Rate	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06
<b>MEDICARE MEDICAL</b>																
<b>BCBS Medicare Supplemental Plan</b>																
Retiree Rate	\$457.41	\$442.65	\$427.90	\$413.14	\$398.39	\$383.63	\$368.88	\$354.12	\$339.37	\$324.61	\$309.86	\$295.10	\$280.35	\$265.59	\$250.84	\$236.08
Spouse Rate	\$464.78	\$457.41	\$450.03	\$442.65	\$435.27	\$427.90	\$420.52	\$413.14	\$405.76	\$398.39	\$391.01	\$383.63	\$376.25	\$368.88	\$361.50	\$354.12
Child Rate	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16
<b>BCBS Medicare Advantage I</b>																
Retiree Rate	\$43.59	\$42.19	\$40.78	\$39.38	\$37.97	\$36.56	\$35.16	\$33.75	\$32.34	\$30.94	\$29.53	\$28.13	\$26.72	\$25.31	\$23.91	\$22.50
Spouse Rate	\$44.30	\$43.59	\$42.89	\$42.19	\$41.48	\$40.78	\$40.08	\$39.38	\$38.67	\$37.97	\$37.27	\$36.56	\$35.86	\$35.16	\$34.45	\$33.75
Child Rate	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
<b>BCBS Medicare Advantage II</b>																
Retiree Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Spouse Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Child Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Humana Medicare Advantage I</b>																
Retiree Rate	\$85.50	\$82.74	\$79.99	\$77.23	\$74.47	\$71.71	\$68.95	\$66.20	\$63.44	\$60.68	\$57.92	\$55.16	\$52.40	\$49.65	\$46.89	\$44.13
Spouse Rate	\$86.88	\$85.50	\$84.12	\$82.74	\$81.36	\$79.98	\$78.60	\$77.23	\$75.85	\$74.47	\$73.09	\$71.71	\$70.33	\$68.95	\$67.57	\$66.19
Child Rate	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26
<b>Humana Medicare Advantage II</b>																
Retiree Rate	\$11.18	\$10.82	\$10.46	\$10.10	\$9.74	\$9.38	\$9.02	\$8.66	\$8.29	\$7.93	\$7.57	\$7.21	\$6.85	\$6.49	\$6.13	\$5.77
Spouse Rate	\$11.36	\$11.18	\$11.00	\$10.82	\$10.64	\$10.46	\$10.28	\$10.10	\$9.91	\$9.73	\$9.55	\$9.37	\$9.19	\$9.01	\$8.83	\$8.65
Child Rate	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54
<b>Presbyterian Medicare Advantage I</b>																
Retiree Rate	\$120.42	\$116.53	\$112.65	\$108.76	\$104.88	\$100.99	\$97.11	\$93.23	\$89.34	\$85.46	\$81.57	\$77.69	\$73.80	\$69.92	\$66.03	\$62.15
Spouse Rate	\$122.36	\$120.42	\$118.47	\$116.53	\$114.59	\$112.65	\$110.70	\$108.76	\$106.82	\$104.88	\$102.93	\$100.99	\$99.05	\$97.11	\$95.16	\$93.22
Child Rate	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30
<b>Presbyterian Medicare Advantage II</b>																
Retiree Rate	\$93.78	\$90.75	\$87.73	\$84.70	\$81.68	\$78.65	\$75.63	\$72.60	\$69.58	\$66.55	\$63.53	\$60.50	\$57.48	\$54.45	\$51.43	\$48.40
Spouse Rate	\$95.29	\$93.78	\$92.26	\$90.75	\$89.24	\$87.73	\$86.21	\$84.70	\$83.19	\$81.68	\$80.16	\$78.65	\$77.14	\$75.63	\$74.11	\$72.60
Child Rate	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80
<b>UnitedHealthcare Medicare Advantage I</b>																
Retiree Rate	\$72.66	\$70.31	\$67.97	\$65.63	\$63.28	\$60.94	\$58.59	\$56.25	\$53.91	\$51.56	\$49.22	\$46.88	\$44.53	\$42.19	\$39.84	\$37.50
Spouse Rate	\$73.83	\$72.66	\$71.48	\$70.31	\$69.14	\$67.97	\$66.80	\$65.63	\$64.45	\$63.28	\$62.11	\$60.94	\$59.77	\$58.59	\$57.42	\$56.25
Child Rate	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
<b>UnitedHealthcare Medicare Advantage II</b>																
Retiree Rate	\$24.22	\$23.44	\$22.66	\$21.88	\$21.09	\$20.31	\$19.53	\$18.75	\$17.97	\$17.19	\$16.41	\$15.63	\$14.84	\$14.06	\$13.28	\$12.50
Spouse Rate	\$24.61	\$24.22	\$23.83	\$23.44	\$23.05	\$22.66	\$22.27	\$21.88	\$21.48	\$21.09	\$20.70	\$20.31	\$19.92	\$19.53	\$19.14	\$18.75
Child Rate	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

\* This rate sheet also applies to disabled or duty-related disabled members

## Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. \$ \_\_\_\_\_ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the Retiree Rate that corresponds with your spouse's/domestic partner's years of service). + \$ \_\_\_\_\_ Spouse/ Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children.  
 (# of Children: \_\_\_\_\_ x Child Rate: \_\_\_\_\_ = Total for Child(ren): \_\_\_\_\_) + \$ \_\_\_\_\_ Child(ren)
4. TOTAL #1, #2, and #3. = \$ \_\_\_\_\_ Total

## Voluntary Coverage Premiums

### DENTAL PLAN Monthly Premium\*: Effective July 1, 2020 to December 31, 2022

	SINGLE	TWO-PARTY	FAMILY
Delta Dental <b>Basic</b>	<b>\$18.14</b>	<b>\$34.46 for both</b>	<b>\$ 51.69 for all</b>
Delta Dental <b>Comprehensive</b>	<b>\$37.01</b>	<b>\$70.32 for both</b>	<b>\$105.44 for all</b>

### VISION PLAN Monthly Premium\*: Effective July 1, 2020 to June 30, 2024

Davis Vision	<b>\$ 4.62</b>	<b>\$ 8.71 for both</b>	<b>\$12.83 for all</b>
--------------	----------------	-------------------------	------------------------

### DEPENDENT CHILD LIFE Monthly Premium\*: Effective July 1, 2019 to June 30, 2023

The Standard Insurance	\$2,500 - <b>\$4.13 for all</b>	\$5,000 - <b>\$7.75 for all</b>	\$10,000 - <b>\$15.00 for all</b>
------------------------	---------------------------------	---------------------------------	-----------------------------------

### RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium\*: Effective July 1, 2019 to June 30, 2023

The Standard	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,000**	\$20,000**	\$40,000**	\$46,000**	\$60,000**
Age 35-39	<b>\$ 0.69</b>	<b>\$ 0.88</b>	<b>\$ 1.06</b>	<b>\$ 1.25</b>	<b>\$ 1.44</b>	<b>\$ 1.91</b>	<b>\$ 2.38</b>	<b>\$ 4.26</b>	<b>\$ 4.82</b>	<b>\$ 6.14</b>
Age 40-44	<b>\$ 0.80</b>	<b>\$ 1.10</b>	<b>\$ 1.41</b>	<b>\$ 1.71</b>	<b>\$ 2.01</b>	<b>\$ 2.77</b>	<b>\$ 3.52</b>	<b>\$ 6.54</b>	<b>\$ 7.45</b>	<b>\$ 9.56</b>
Age 45-49	<b>\$ 1.01</b>	<b>\$ 1.52</b>	<b>\$ 2.02</b>	<b>\$ 2.53</b>	<b>\$ 3.04</b>	<b>\$ 4.31</b>	<b>\$ 5.58</b>	<b>\$ 10.66</b>	<b>\$ 12.18</b>	<b>\$ 15.74</b>
Age 50-54	<b>\$ 1.39</b>	<b>\$ 2.27</b>	<b>\$ 3.16</b>	<b>\$ 4.04</b>	<b>\$ 4.93</b>	<b>\$ 7.15</b>	<b>\$ 9.36</b>	<b>\$ 18.22</b>	<b>\$ 20.88</b>	<b>\$ 27.08</b>
Age 55-59	<b>\$ 1.97</b>	<b>\$ 3.44</b>	<b>\$ 4.90</b>	<b>\$ 6.37</b>	<b>\$ 7.84</b>	<b>\$11.51</b>	<b>\$15.18</b>	<b>\$ 29.86</b>	<b>\$ 34.26</b>	<b>\$ 44.54</b>
Age 60-64	<b>\$ 2.29</b>	<b>\$ 4.08</b>	<b>\$ 5.87</b>	<b>\$ 7.66</b>	<b>\$ 9.45</b>	<b>\$13.93</b>	<b>\$18.40</b>	<b>\$ 36.30</b>	<b>\$ 41.67</b>	<b>\$ 54.20</b>
Age 65-69	<b>\$ 4.17</b>	<b>\$ 7.84</b>	<b>\$11.52</b>	<b>\$15.19</b>	<b>\$18.86</b>	<b>\$28.04</b>	<b>\$37.22</b>	<b>\$ 73.94</b>	<b>\$ 84.96</b>	<b>\$110.66</b>
Age 70 and over	<b>\$ 6.13</b>	<b>\$11.76</b>	<b>\$17.39</b>	<b>\$23.02</b>	<b>\$28.65</b>	<b>\$42.73</b>	<b>\$56.80</b>	<b>\$113.10</b>	<b>\$129.99</b>	<b>\$169.40</b>

\*This is optional coverage, and the entire cost of coverage is paid by you. Cost of insurance for all coverages paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

\*\*Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at <http://www.nmrhca.org/forms.aspx/>.



**NMRHCA Age 55+ with Retirement Date on July 31, 2021 or After (Subsidy Level B) Medical Plan Monthly Premium Contributions for January 1, 2022 - December 31, 2022**

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25+
<b>NON-MEDICARE MEDICAL</b>																					
<b>Premier PPO (BCBS or Presbyterian)</b>																					
Retiree Rate	\$836.33	\$810.04	\$783.75	\$757.46	\$731.17	\$704.88	\$678.59	\$652.30	\$626.01	\$599.72	\$573.44	\$547.15	\$520.86	\$494.57	\$468.28	\$441.99	\$415.70	\$389.41	\$363.12	\$336.83	\$310.54
Spouse Rate	\$905.17	\$889.38	\$873.60	\$857.81	\$842.02	\$826.23	\$810.44	\$794.66	\$778.87	\$763.08	\$747.29	\$731.50	\$715.71	\$699.93	\$684.14	\$668.35	\$652.56	\$636.77	\$620.99	\$605.20	\$589.41
Child Rate	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43	\$301.43
<b>Value HMO (BCBS or Presbyterian)</b>																					
Retiree Rate	\$653.29	\$632.76	\$612.22	\$591.69	\$571.15	\$550.62	\$530.08	\$509.54	\$489.01	\$468.47	\$447.94	\$427.40	\$406.87	\$386.33	\$365.79	\$345.26	\$324.72	\$304.19	\$283.65	\$263.12	\$242.58
Spouse Rate	\$707.03	\$694.70	\$682.36	\$670.03	\$657.70	\$645.37	\$633.04	\$620.70	\$608.37	\$596.04	\$583.71	\$571.38	\$559.05	\$546.71	\$534.38	\$522.05	\$509.72	\$497.39	\$485.05	\$472.72	\$460.39
Child Rate	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06	\$235.06
<b>MEDICARE MEDICAL</b>																					
<b>BCBS Medicare Supplemental Plan</b>																					
Retiree Rate	\$460.92	\$449.68	\$438.43	\$427.19	\$415.95	\$404.71	\$393.47	\$382.22	\$370.98	\$359.74	\$348.50	\$337.26	\$326.02	\$314.77	\$303.53	\$292.29	\$281.05	\$269.81	\$258.56	\$247.32	\$236.08
Spouse Rate	\$466.54	\$460.92	\$455.30	\$449.68	\$444.06	\$438.43	\$432.81	\$427.19	\$421.57	\$415.95	\$410.33	\$404.71	\$399.09	\$393.47	\$387.85	\$382.22	\$376.60	\$370.98	\$365.36	\$359.74	\$354.12
Child Rate	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16	\$472.16
<b>BCBS Medicare Advantage I</b>																					
Retiree Rate	\$43.93	\$42.86	\$41.79	\$40.71	\$39.64	\$38.57	\$37.50	\$36.43	\$35.36	\$34.29	\$33.21	\$32.14	\$31.07	\$30.00	\$28.93	\$27.86	\$26.79	\$25.71	\$24.64	\$23.57	\$22.50
Spouse Rate	\$44.46	\$43.93	\$43.39	\$42.86	\$42.32	\$41.79	\$41.25	\$40.71	\$40.18	\$39.64	\$39.11	\$38.57	\$38.04	\$37.50	\$36.96	\$36.43	\$35.89	\$35.36	\$34.82	\$34.29	\$33.75
Child Rate	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
<b>BCBS Medicare Advantage II</b>																					
Retiree Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Spouse Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Child Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Humana Medicare Advantage I</b>																					
Retiree Rate	\$86.16	\$84.06	\$81.96	\$79.85	\$77.75	\$75.65	\$73.55	\$71.45	\$69.35	\$67.25	\$65.14	\$63.04	\$60.94	\$58.84	\$56.74	\$54.64	\$52.54	\$50.43	\$48.33	\$46.23	\$44.13
Spouse Rate	\$87.21	\$86.16	\$85.11	\$84.06	\$83.01	\$81.95	\$80.90	\$79.85	\$78.80	\$77.75	\$76.70	\$75.65	\$74.60	\$73.55	\$72.50	\$71.44	\$70.39	\$69.34	\$68.29	\$67.24	\$66.19
Child Rate	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26	\$88.26
<b>Humana Medicare Advantage II</b>																					
Retiree Rate	\$11.27	\$10.99	\$10.72	\$10.44	\$10.17	\$9.89	\$9.62	\$9.34	\$9.07	\$8.79	\$8.52	\$8.24	\$7.97	\$7.69	\$7.42	\$7.14	\$6.87	\$6.59	\$6.32	\$6.04	\$5.77
Spouse Rate	\$11.40	\$11.26	\$11.13	\$10.99	\$10.85	\$10.71	\$10.58	\$10.44	\$10.30	\$10.16	\$10.03	\$9.89	\$9.75	\$9.61	\$9.48	\$9.34	\$9.20	\$9.06	\$8.93	\$8.79	\$8.65
Child Rate	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54	\$11.54
<b>Presbyterian Medicare Advantage I</b>																					
Retiree Rate	\$121.34	\$118.38	\$115.42	\$112.46	\$109.50	\$106.54	\$103.58	\$100.62	\$97.66	\$94.70	\$91.75	\$88.79	\$85.83	\$82.87	\$79.91	\$76.95	\$73.99	\$71.03	\$68.07	\$65.11	\$62.15
Spouse Rate	\$122.82	\$121.34	\$119.86	\$118.38	\$116.90	\$115.42	\$113.94	\$112.46	\$110.98	\$109.50	\$108.02	\$106.54	\$105.06	\$103.58	\$102.10	\$100.62	\$99.14	\$97.66	\$96.18	\$94.70	\$93.22
Child Rate	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30	\$124.30
<b>Presbyterian Medicare Advantage II</b>																					
Retiree Rate	\$94.50	\$92.19	\$89.89	\$87.58	\$85.28	\$82.97	\$80.67	\$78.36	\$76.06	\$73.75	\$71.45	\$69.14	\$66.84	\$64.53	\$62.23	\$59.92	\$57.62	\$55.31	\$53.01	\$50.70	\$48.40
Spouse Rate	\$95.65	\$94.50	\$93.34	\$92.19	\$91.04	\$89.89	\$88.73	\$87.58	\$86.43	\$85.28	\$84.12	\$82.97	\$81.82	\$80.67	\$79.51	\$78.36	\$77.21	\$76.06	\$74.90	\$73.75	\$72.60
Child Rate	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80	\$96.80
<b>UnitedHealthcare Medicare Advantage I</b>																					
Retiree Rate	\$73.21	\$71.43	\$69.64	\$67.86	\$66.07	\$64.29	\$62.50	\$60.71	\$58.93	\$57.14	\$55.36	\$53.57	\$51.79	\$50.00	\$48.21	\$46.43	\$44.64	\$42.86	\$41.07	\$39.29	\$37.50
Spouse Rate	\$74.11	\$73.21	\$72.32	\$71.43	\$70.54	\$69.64	\$68.75	\$67.86	\$66.96	\$66.07	\$65.18	\$64.29	\$63.39	\$62.50	\$61.61	\$60.71	\$59.82	\$58.93	\$58.04	\$57.14	\$56.25
Child Rate	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
<b>UnitedHealthcare Medicare Advantage II</b>																					
Retiree Rate	\$24.40	\$23.81	\$23.21	\$22.62	\$22.02	\$21.43	\$20.83	\$20.24	\$19.64	\$19.05	\$18.45	\$17.86	\$17.26	\$16.67	\$16.07	\$15.48	\$14.88	\$14.29	\$13.69	\$13.10	\$12.50
Spouse Rate	\$24.70	\$24.40	\$24.11	\$23.81	\$23.51	\$23.21	\$22.92	\$22.62	\$22.32	\$22.02	\$21.73	\$21.43	\$21.13	\$20.83	\$20.54	\$20.24	\$19.94	\$19.64	\$19.35	\$19.05	\$18.75
Child Rate	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

## Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. \$ \_\_\_\_\_ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the Retiree Rate that corresponds with your spouse's/domestic partner's years of service). + \$ \_\_\_\_\_ Spouse/ Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children.  
 (# of Children: \_\_\_\_\_ x Child Rate: \_\_\_\_\_ = Total for Child(ren): \_\_\_\_\_) + \$ \_\_\_\_\_ Child(ren)
4. TOTAL #1, #2, and #3. = \$ \_\_\_\_\_ Total

## Voluntary Coverage Premiums

### DENTAL PLAN Monthly Premium\*: Effective July 1, 2020 to December 31, 2022

	SINGLE	TWO-PARTY	FAMILY
Delta Dental <b>Basic</b>	<b>\$18.14</b>	<b>\$34.46 for both</b>	<b>\$ 51.69 for all</b>
Delta Dental <b>Comprehensive</b>	<b>\$37.01</b>	<b>\$70.32 for both</b>	<b>\$105.44 for all</b>

### VISION PLAN Monthly Premium\*: Effective July 1, 2020 to June 30, 2024

Davis Vision	<b>\$ 4.62</b>	<b>\$ 8.71 for both</b>	<b>\$12.83 for all</b>
--------------	----------------	-------------------------	------------------------

### DEPENDENT CHILD LIFE Monthly Premium\*: Effective July 1, 2019 to June 30, 2023

The Standard Insurance	\$2,500 - <b>\$4.13 for all</b>	\$5,000 - <b>\$7.75 for all</b>	\$10,000 - <b>\$15.00 for all</b>
------------------------	---------------------------------	---------------------------------	-----------------------------------

### RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium\*: Effective July 1, 2019 to June 30, 2023

The Standard	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,000**	\$20,000**	\$40,000**	\$46,000**	\$60,000**
Age 35-39	<b>\$ 0.69</b>	<b>\$ 0.88</b>	<b>\$ 1.06</b>	<b>\$ 1.25</b>	<b>\$ 1.44</b>	<b>\$ 1.91</b>	<b>\$ 2.38</b>	<b>\$ 4.26</b>	<b>\$ 4.82</b>	<b>\$ 6.14</b>
Age 40-44	<b>\$ 0.80</b>	<b>\$ 1.10</b>	<b>\$ 1.41</b>	<b>\$ 1.71</b>	<b>\$ 2.01</b>	<b>\$ 2.77</b>	<b>\$ 3.52</b>	<b>\$ 6.54</b>	<b>\$ 7.45</b>	<b>\$ 9.56</b>
Age 45-49	<b>\$ 1.01</b>	<b>\$ 1.52</b>	<b>\$ 2.02</b>	<b>\$ 2.53</b>	<b>\$ 3.04</b>	<b>\$ 4.31</b>	<b>\$ 5.58</b>	<b>\$ 10.66</b>	<b>\$ 12.18</b>	<b>\$ 15.74</b>
Age 50-54	<b>\$ 1.39</b>	<b>\$ 2.27</b>	<b>\$ 3.16</b>	<b>\$ 4.04</b>	<b>\$ 4.93</b>	<b>\$ 7.15</b>	<b>\$ 9.36</b>	<b>\$ 18.22</b>	<b>\$ 20.88</b>	<b>\$ 27.08</b>
Age 55-59	<b>\$ 1.97</b>	<b>\$ 3.44</b>	<b>\$ 4.90</b>	<b>\$ 6.37</b>	<b>\$ 7.84</b>	<b>\$11.51</b>	<b>\$15.18</b>	<b>\$ 29.86</b>	<b>\$ 34.26</b>	<b>\$ 44.54</b>
Age 60-64	<b>\$ 2.29</b>	<b>\$ 4.08</b>	<b>\$ 5.87</b>	<b>\$ 7.66</b>	<b>\$ 9.45</b>	<b>\$13.93</b>	<b>\$18.40</b>	<b>\$ 36.30</b>	<b>\$ 41.67</b>	<b>\$ 54.20</b>
Age 65-69	<b>\$ 4.17</b>	<b>\$ 7.84</b>	<b>\$11.52</b>	<b>\$15.19</b>	<b>\$18.86</b>	<b>\$28.04</b>	<b>\$37.22</b>	<b>\$ 73.94</b>	<b>\$ 84.96</b>	<b>\$110.66</b>
Age 70 and over	<b>\$ 6.13</b>	<b>\$11.76</b>	<b>\$17.39</b>	<b>\$23.02</b>	<b>\$28.65</b>	<b>\$42.73</b>	<b>\$56.80</b>	<b>\$113.10</b>	<b>\$129.99</b>	<b>\$169.40</b>

\*This is optional coverage, and the entire cost of coverage is paid by you. Cost of insurance for all coverages paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

\*\*Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at <http://www.nmrhca.org/forms.aspx/>.